FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600079971 (3)

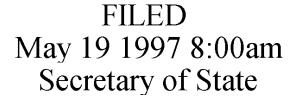
AVA ANTHONY, INC.

Principal Place of Business

Mailing Address

BAR FAST FIFTH AVENUE

RAG FAST FIFTH AVENUE



Daytime Prione #



MOUNT DORA FL 32757			MOUNT DORA FL 32757-5003						
							3. Date Incorporated or Qualified 3a. Date of Last Report 09/26/1996		
2. Principal P	lace of Business	2a. Mailing A	2a. Mailing Address				4. FEI Number Applied For		
21		26	26				Not Applicable		
Suite, Apt	#, etc	Suite, Ap	Suite, Apt. #, etc.				6. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State	e	City & Sta	City & State				6. Election Campaign Financing \$5.00 May Be		
23		28					Trust Fund Contribution Added to Fees		
Zip	Country	Zip		Cc	ountry		8. This corporation has liability of mangible tax under s. 199.032,		
4	25	29		30			Florida Statutes Ys No		
	9. Name and Address of Curr	ent Registered Age	nt		1		10. Name and Address of New Registered Agent		
CLE	CLEMENT, G E ESQ					81 Name			
308	EAST FIFTH AVENUE					82 Street Address (P.O. Box Number is Not Acceptable)			
MOL	JNT DORA FL 32757								
					83				
					84	City	85 Zip Code		
					1.	,	FL S S S S S S S S S		
office or r agent. La SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such c igations of, Section 6	hange was a 507.0505, Flo	authoriz orida St	ed by alutes	the corp	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered		
	Sugnature, typed or printed came of registured a		(NOY			nt signature	e required when reinstating) DATE		
12.		ND DIRECTORS	1 551 575	13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
THIE	D	L.] DELETE	11	TITLE		Change Addition		
NAVE	MANSOUR, GEORGE R			12	NAME				
STREET ADDRESS	847 EAST FIFTH AVENUE			1.3	STREET	ADDRESS			
City - ST - ZIP	MOUNT DORA FL 32757		125.55		CITY-S	T-ZIP			
TITLE		L] DELETE	2.1 TITL			Change Addition		
NAME				2.2	NAME	ŀ			
STREET ADDRESS			2.3	2.3 STREET ADDRESS					
CHT+ST-ZIP					2. 4 CITY-ST-ZIP				
TITLE	DELETE] DEFELE		3.1 TITLE				
NAME				3.2 NAME					
STREET ADDRESS				3.3	STREET	ADDRESS			
CITY-ST-ZIP			1 000 075		CITY-S	3T-ZIP			
TITLE		L.	DELETE		TITLE	. }	L Change L. Addition		
NAME					NAME	1			
STREET ADDRESS				ı		ADDRESS			
CITY-ST-ZIF			l no ere		CITY - S	T - ZiP	Change Addition		
TITLE		L] DELETE		TITLE		Change Addition		
NAME				- 1	NAME				
STREET ADDRESS						ADDRESS			
CITY-S1-ZIP			DELETE		CITY - S	T-ZIP	Change Addition		
TITLE		L) NEFELC	1	TITLE	1	Li Change Li Abonton		
NAME					NAME		1		
STREET ADDRESS				- 1		ADDRESS			
CITY - ST - ZIP		and mist the - 44 - a -1-	no not a 11		CITY-S		accepted in Complete 440 07/09/0 Florida State Accepted to the state of the state o		
informatio	on indicated on this annual report or	r supplemental annu or the receiver or tru	ial report is t istee empow	rue and rered to	l accu	irate and	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the d that my signature shall have the same legal effect as if made under oath; that report as required by Chapter 607, Florida Statutes; and that my name		